CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**DEPARTMENT OF STATE**
DIVISION OF PROFESSIONAL REGULATION
**BOARD OF ACCOUNTANCY**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

## REQUEST FOR APPROVAL OF DELAWARE-SPECIFIC ETHICS COURSE

Enter name and address of contact to whom the decision on this request should be mailed:

_____

_____

_____

### INSTRUCTIONS

File this form to request approval of a Delaware-specific ethics course. Submit the form *no later than ten business days* before the Board's meeting to the address above. Enclose the following:
- **Printout of the entire course packet**
- **Completed DE Ethics Course Checklist**
- **Check or money order for $35 payable to "State of Delaware"**

Courses are approved through the end of the current two-year license period ending June 30 of odd years *unless* approved during the last four months of the license period. If approved in the last four months of the license period, the course approval will extend through the next two-year license period. Once approved, courses will be added to the Board's online Approved Ethics Courses list for the period approved.

For information on the CE requirements, see Section 11.0 of the Board's Rules and Regulations on www.dpr.delaware.gov.

### REQUESTER COMPLETES THIS SECTION

Course Provider Name: _____

Are you an NASBA-approved provider? Yes ☐   No ☐ If yes, enter NASBA ID number: _____

Contact Person: _____ Phone: _____

Provider Address: _____ _____ _____ _____
            Street                                                    City                        State            Zip code

Email Address: _____ Website URL: _____

Course Title: _____

Synchronous/Interactive/Live Training  Yes ☐   No ☐   *or*   Asynchronous/Self Study/Online Training   Yes ☐   No ☐

If synchronous, provide course location: _____

Course Presenters: _____

Will a certificate of completion be awarded?   Yes ☐   No ☐

Enter name of person(s) authorized to sign completion certificates: _____

Date(s) Offered: _____

### BOARD OFFICE COMPLETES THIS SECTION

☐ **Approved for 4 hours of Delaware-specific ethics through the license period ending 6/30/20 \_\_\_\_\_**

☐ Denied for the following reason: ☐ Not directly related to professional growth

☐ Other: _____

Signature: _____ Board Review Date: _____